

empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals

2005

State Disabilities Plan

empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals

Kristen Cox, Secretary
Maryland Department of Disabilities

October 1, 2004

empower individuals with disabilities in the communities where they live to achieve their personal and professional goals empower individuals with disabilities in the communities where they live to achieve their personal and professional goals

[illegible]

To: Readers of the Maryland State Disabilities Plan

From: Kristen Cox, Secretary
Maryland Department of Disabilities

Date: January 20, 2005

Re: Presentation of the 2005 State Disabilities Plan

Attached is the 2005 State Disabilities Plan as mandated in § 9-1117. This first plan articulates a preliminary process by which future plans will evolve through collaboration with State departments administering programs for individuals with disabilities. The Department of Disabilities (MDOD) is committed to fostering the State's optimal ability to bring services to people with disabilities that are meaningful, accessible and in keeping with the principles of consumer empowerment.

The mission of the Department of Disabilities is to empower people with disabilities to achieve their personal and professional goals in communities where they live. MDOD has met continuously with over 100 statewide organizations representative of people with disabilities and advocacy groups in addition to governmental leadership during the last eighteen months to identify those issues that are deemed most critical to the disability community. It is from these meetings that the initial set of outcomes is derived.

This is a multi-year plan – one that is intended to be fluid by its very nature, and continuously open to modification as the need presents itself. MDOD established five focus areas that guide its planning efforts. They include accountability, service integration and operational improvements, alignment of state policies and practices with principles of empowerment, capacity development, and *Olmstead* compliance. This initial plan focuses on the first four of these focus areas, while future planning efforts will focus on a comprehensive initiative to integrate services and to streamline access for consumers. The dates to achieve objectives by which units of government will be held accountable may also shift as barriers are identified and/or removed. Even if anticipated funding is not forthcoming within a specified timeframe, the plan will still identify the strategy along with the barrier. In this fashion the plan will remain realistic and focused - a vibrant, contemporaneous document that will keep current with opportunities to move forward. With regard to Education and Olmstead planning, both of these domiciles are being developed on a continuing basis. Work groups are now being formed, comprised of Commission members and citizens from the community, in order to adopt ideas that will enable us to refine our strategies and achieve our goals.

The strength of Maryland resides in the quality of life of each of its citizens, with and without disabilities; and, it is each person's individual sense of well-being that will ultimately measure Maryland's progress in its disability reform efforts. The State Disabilities Plan begins the work of establishing high expectations for better outcomes for people with disabilities. In Maryland we know that when people with disabilities are given the right training, support, and opportunities they can succeed in all aspects of life. The dream of economic self-sufficiency, community integration, educational attainment and independent living are possible for people with disabilities—if we do our part.

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~ Section 1 ~

The Maryland Department of Disabilities (MDOD) presents the 2005 State Disabilities Plan and pledges to work collaboratively with all units of state government to refine steps necessary to bring services to people with disabilities that are meaningful, accessible, and in keeping with the principles of consumer empowerment.

- Executive Summary

Executive Summary

The Maryland Department of Disabilities (MDOD) presents the 2005 Maryland State Disabilities Plan as mandated in § 9-1117. This first plan articulates a preliminary process by which future plans will evolve through collaboration with State departments administering programs for individuals with disabilities. MDOD is committed to bringing services to people with disabilities that are meaningful, accessible and in keeping with the principles of consumer empowerment.

The mission of the Department of Disabilities is to empower people with disabilities to achieve their personal and professional goals in communities where they live. The State Disabilities Plan frames this mission and addresses the vision, goals, and suggested strategies for each of the service domains specified in statute or other mandates.

Maryland spends a substantial amount of its budget for services to people with disabilities through 74 different agencies (in excess of \$2.6 billion, exclusive of nursing homes and other programs to the elderly population). The State Disabilities Plan is the first statewide effort to consolidate vision and policy under the auspices of the Maryland Department of Disabilities employing several key strategies to improve and reform disability services. These include mapping resources already encumbered in each service area, focusing on common critical success factors across service areas, and garnering extensive and on-going stakeholder input.

MDOD developed the criteria identified in the *Five Areas of Focus* as a standardized measure by which to assess the plan. The focus areas include accountability, service integration, capacity development, compliance with the federally-mandated *Olmstead* decision, and alignment of State policies and funding decisions with principles that empower consumers. Additionally, the State Plan Score Sheet was developed to serve as a tool for planning, tracking and measuring critical success factors. These include projected fiscal impact, strategies to streamline operations, efforts to promote systems integration, and assurances that accountability standards will be met.

Ongoing input from people with disabilities, advocates and service providers is reflected throughout the Plan. MDOD staff has met continuously with over 100 statewide organizations representative of people with disabilities and advocacy groups in addition to governmental leadership during the last eighteen months to identify those issues that are deemed most critical to the disability community. It is from these meetings that the initial set of outcomes is derived.

The strength of Maryland resides in the quality of life of each of its citizens, with and without disabilities; and, it is each person's individual sense of well-being that will ultimately measure Maryland's progress in disability reform efforts. The State Disabilities Plan begins the work of establishing high expectations for better outcomes for people with disabilities. In Maryland we know that when people with disabilities are given the right training, support, and opportunities they can succeed in all aspects of life. The dream of economic self-sufficiency, community integration, educational attainment,

independent living, or achievement of personal goals is possible for people with disabilities—if we do our part.

~Section 2~

Carrying out the Maryland Department of Disabilities' (MDOD) charge to improve and reform disability services will require a disciplined interagency approach. This section provides an overview of the component strategies of this approach including key statutory mandates and methods to implement them. Specifically, this section will address the following items:

- The Statewide Disability Implementation Plan – Overview
- Process for Developing the State Plan
 - Resource Mapping
 - Five Areas of Focus
 - State Plan Score Sheet – A Balanced Approach
 - Stakeholder Input
 - MDOD Advisory Commission on Disability Policy
- Responsibilities of Units of State Government in the State Planning Process
 - Defining a Unit of State Government
 - Unit Plans
- Additional Responsibilities of Units of State Government
 - Responsibilities
 - Regulatory Review Process and Impact Statement
 - Sample Impact Assessment

The Statewide Disability Implementation Plan – Overview

Maryland is spending in excess of \$2.6 billion per year on services to people with disabilities through 74 different agencies representing almost 12 percent of the total state budget. Programs are housed in a variety of departments and at varied levels of government reflecting the lack of a unified vision to strategically accomplish common goals. The system of supports for people with disabilities is fragmented, duplicative, and often falls short of meeting the needs of the end-user.

MDOD's enabling legislation establishes a deliberate process by which units of government can plan strategically, coordinate, and be accountable for delivering and funding services to people with disabilities. Specifically, the statute calls for the development of a comprehensive interagency plan designed to consolidate, improve, unify, coordinate and evaluate disability services and funding statewide. For the first time, Maryland will have a tool to design and assess a comprehensive system rather than isolated components—a deliberate process intended to unify service delivery and to eliminate fragmentation.

The State Plan will provide strategies to improve and assess self-directed, long-term and attendant care, housing, transportation, employment and training, education, health and mental health, accessible and universally-designed technology, and support services for families. In addition, the plan will assure that Maryland is in compliance with relevant federal and state provisions intended to protect the civil rights of individuals with disabilities, such as the US Supreme Court's *Olmstead* decision.

Process for Developing the State Plan

Resource Mapping:

Attaining meaningful improvements within the system will require a phased-in multi-year plan targeted at achieving clear outcomes. Maryland's first statewide disability plan acknowledges this and provides a realistic, methodical, and principle-based approach to service delivery and funding. A critical step in this planning effort is to develop a comprehensive resource map of the current delivery system through strategic data collection and analysis. The resource map is and will continue to be a meaningful tool that will serve as a catalyst and foundation for future planning, program consolidation, and performance-based management of services. Appendix 1 provides a framework and phased approach to MDOD's resource mapping efforts.

Five Areas of Focus:

State planning efforts and recommendations will revolve around five principle areas of focus. They include: accountability, service integration, capacity development, *Olmstead* compliance, and alignment of policies and funding decisions with principles that empower consumers. The following information describes these five focus areas and provides a succinct rationale for each.

Accountability

Accountability is fundamental to quality, programmatic improvements, and the effective use of limited resources within the service delivery system. It informs decision-makers, demands change, reshapes organizational cultures, challenges misperceptions, and democratizes policy development. The Department of Disabilities is committed to holding government and service providers accountable for their outcomes while concurrently promoting consumer responsibility.

State planning efforts will focus on a variety of accountability strategies. They include: creating common interagency outcomes; developing meaningful performance indicators; establishing knowledge management systems; assessing consumer satisfaction; promoting public access to government and provider performance data; providing incentives for improved performance; and collecting benchmark data. These and other accountability standards will generate the transparency and knowledge needed to create and sustain peak performance.

Service Integration and Operational Improvements

With the absence of a single unifying plan for service delivery, programs and funding decisions were historically developed in isolation from one another – often resulting in different and sometimes even contradictory outcomes, values and processes. This disjointed approach fostered fragmentation, duplication and confusion for the end-user. Eliminating this chaotic approach within the existing disability delivery system is a priority for the Department of Disabilities and disability community alike.

Achieving this goal will require a thoughtful examination of the structure and operations of disability services followed by a planned and rational approach for change. Specifically the state plan will recommend strategies to consolidate

administrative redundancies, reduce needless process burden, synthesize appropriate personnel functions, and restructure workflow. When indicated, the Maryland Department of Disabilities will recommend program consolidation and the relocation of programs within State government.

Alignment of State Policies and Practices with Principles of Empowerment

The principles and values upon which policies are predicated fundamentally impact programmatic and consumer outcomes. A service delivery system that is not driven by clearly understood and articulated principles based on consumer empowerment will inevitably (and often unconsciously) adopt practices that are contradictory, undermine successful consumer outcomes, and foster mediocrity. In contrast, deliberately aligning policies and practices with expressed values such as consumer choice and self-determination creates programs that are both empowering and successful.

The state plan strives to align the broad spectrum of disability services with principles of empowerment. Expanded consumer choice, self-directed and individualized planning, integration, community-based services, consumer responsibility, elevated expectations, and equal access are just some of the values at the center of the Department's planning efforts and recommendations. Consistently applying these values to state practices and policies will promote a cohesive and unified approach to service delivery.

Capacity Development

Developing the service delivery system's capacity to meet the real needs of people with disabilities is key to implementing systemic change. Inadequate capacity inevitably impedes an individual from accessing the variety of services needed to live an independent and productive life. In addition, limited capacity can drain minimal resources and put an undue strain on other services—often resulting in cost shifting. For example, lack of affordable housing forces many individuals to continue residing in nursing homes rather than their communities. Sporadic and sometimes poor coordination of transportation funding consumes limited resources that otherwise could be used more effectively for employment, independent living and other important services.

The State Disabilities Plan focuses on improved system capacity by adopting goals to identify: gaps in service delivery; numbers of individuals needing services; projected costs for additional services; and other quantifiable factors. This benchmarking effort lays the foundation for creating realistic solutions that consider interagency resources and needs. Initial and future plans will recommend strategies to improve specific capacity needs such as housing, transportation, community-based services, education and other areas that warrant expansion and/or retooling.

***Olmstead* Compliance**

In 1999, the US Supreme Court issued the *Olmstead v. L.C.* decision. *Olmstead* interpreted Title II of the Americans with Disabilities Act by requiring that states

administer services “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” In its decision, the Supreme Court noted that unnecessary institutionalization of individuals with disabilities is discriminatory. This interpretation, combined with accompanying federal changes to policies and funding reflects society’s growing awareness that individuals with disabilities can thrive and live meaningful lives in their communities rather than in nursing homes or other institutions.

The Ehrlich Administration is committed to fully complying with the *Olmstead* decision. To this end, MDOD is collaborating with other state agencies to develop innovative and fiscally-viable strategies by which individuals with disabilities can access services in their communities. This requires identifying those in need of community-based services; aligning the funding of services with community-based alternatives; expanding the quality and quantity of community providers; educating consumers about their community options; reviewing policies, regulations and practices to ensure that they support community; and collaborating with all stakeholders to create appropriate and integrated options for people with disabilities. The state’s efforts to comply with the *Olmstead* decision will allow individuals with disabilities to contribute to their communities in ways that enrich the lives of all Maryland citizens.

State Plan Score Sheet – A Balanced Approach:

Recommendations included in the state plan are filtered through the Disability State Plan Score Sheet (see Appendix 2). The State Plan Score Sheet is used to prompt planning efforts, to track progress, and to ensure that recommendations address a variety of critical success factors that more specifically break down the five focus areas. Such factors include a recommendation’s projected fiscal impact, strategies to streamline operations, efforts to promote systems integration, and assurances that accountability standards will be met. Success factors are categorized into three areas: consumer perspectives; organizational performance; and processes and structures.

Stakeholder Input:

The State Disabilities Plan is intended to be a fluid document with the propensity to adapt as new variables and needs are highlighted. This first plan reflects the varied input from people with disabilities and their families, advocates, providers, and government representatives. MDOD staff continuously meets with statewide disability stakeholder groups to pinpoint community needs, system breakdowns and successes. Data collection and analysis is on-going.

The Interagency Disabilities Board:

The Interagency Disabilities Board is comprised of Cabinet Secretaries or their designees and is chaired by the Secretary of MDOD. It is charged with continuously developing recommendations, evaluating funding and services for individuals with disabilities,

identifying performance measures, and working with the Secretary of the Department of Disabilities to create a seamless, effective and coordinated delivery system. This body is responsible for both plan development and implementation—being held accountable for results that improve outcomes for the end-user.

Maryland Commission on Disabilities:

The Maryland Commission on Disabilities is established in statute to provide guidance to the Department in the development of the State Disabilities Plan. Sixteen individuals with disabilities or representative of stakeholder groups are appointed by the Governor and sit with two members of the Interagency Disabilities Board and two legislators to create a vibrant body intended to move disability issues to the forefront of government. Commission members will chair, co-chair or play other significant roles in the work of the commission. Some of those efforts include on-going regulatory review; *Olmstead* planning; performance evaluation and measurement; and service integration. Because the Commission is primarily composed of individuals with disabilities, the Department has the benefit of on-going feedback and input from those most impacted by recommendations and outcomes of the State Disabilities Plan.

Responsibilities of Units of State Government in the State Planning Process

Defining a Unit of State Government:

MDOD's enabling statute defines a unit of state government as any department, agency, office, commission, council, or other unit of the State within the Executive Branch of state government (§ 9-1101).

Because this definition is broad, MDOD has the authority to waive certain requirements pertaining to the responsibilities of units of government, including their obligation to develop and submit unit plans. For purposes of the initial State Disabilities Plan, units of state government are defined as principal departments within the Executive Branch of state government and administrations within these principal departments. Appendix 3 delineates principal departments and administrations that will be required to submit a unit plan by Jan. 20, 2005 and an evaluation of their performance by July 1, 2005 (Section 4 contains a more detailed timeline for unit plan development and submission dates).

Unit Plans:

Units of state government are key role in implementing the goals and outcomes of the statewide disability implementation plan. Specifically, units of government shall:

- Develop and submit to MDOD by July 1 annually a unit plan that includes an implementation schedule and measurable objectives for any services provided to people with disabilities. The unit plans shall be consistent with the goals and outcomes outlined in the State Disabilities Plan (§ 9-1108).
- Provide an evaluation of the prior year's plan by July 1 of each year that assesses their attainment of their unit plan objectives. Evaluation criteria should include levels of consumer satisfaction, gaps in services, wait list numbers, and progress made on their plan (§ 9-1108).

Section 4 of this document outlines the specific information MDOD requires from units of state government as well as suggested strategies for developing cohesive and integrated unit plans. MDOD and units of state government are working closely together with various stakeholders to create optimal outcomes for people with disabilities and their families.

Additional Responsibilities of Units of State Government and MDOD

Responsibilities:

In addition to developing and submitting unit plans, units of state government will interface with the Department of Disabilities on a variety of fronts.

- Units of state government are required to provide information to the Secretary of MDOD regarding current programs and services for individuals with disabilities and information regarding new or proposed programs (§ 9-1107). The Secretary shall then review new or proposed changes to regulations, policies, programs and services submitted by a unit of state government that relate to the provision of resources and services to individuals with disabilities prior to public notification (§ 9-1104).
- The Secretary shall review, coordinate, and concur with applications for federal aid, waivers, or grants submitted by or through any units of State government when the applications are specific to disability services (§ 9-1104).

These requirements establish a coordinated and disciplined review process designed to ensure that services are delivered in a manner consistent with the stated goals and objectives of the State Plan, as well as in a manner that avoids unanticipated duplication or fragmentation. Units of state government will identify a point person to work with MDOD as a conduit of information between the two entities regarding these requirements. On-going interactions between MDOD policy staff and units will support a fluid exchange of information.

The Regulatory Review Process and Impact Statement:

With the creation of the Department of Disabilities § 9-1104 requires units of State government to provide proposed new or changes to existing regulations to MDOD for comment prior to publication. Additionally, agencies must provide an impact statement if the proposed regulations affect individuals with disabilities. As of 2005, this impact statement is included in the documents made available to the public for review and comment in the Maryland Register. Appendix 4 details this process.

Sample Impact Assessment:

The following criteria are to be considered when preparing a disability impact assessment. Also, the definition of disability is provided as: an individual with a disability is defined by the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment.

The United States Census identifies these primary disabilities based on the existence of long lasting conditions:

- Sensory disability, such as blindness, deafness, or a severe vision or hearing impairment.
 - Physical disability – a condition that substantially limits one or more basic physical activities, such as walking, climbing steps, reaching, lifting or carrying.
 - Mental disability – difficulty learning, remembering, or concentrating.
 - Self-Care disability – difficulty performing activities, such as dressing, bathing, or getting around inside the home.
 - Lack of mobility – difficulty going outside the home alone, such as shopping and visiting a doctor’s office.
 - Employment disability – difficulty working at a job or business.
- Do the proposed regulations impact the following? If so how?
 - Will more people be served?
 - Will fewer people be served?
 - Do the proposed regulations facilitate one or more of the following outcomes?
 - Program consolidation
 - Process consolidation
 - Enhanced coordination among state agencies
 - Elimination or reduction of numbers waiting for services
 - Will the proposed regulations result in one or more of the following outcomes?
 - Leveraging of additional resources including federal and/or private funds
 - Reduced administrative expenditures
 - Reduced operational expenditures
 - Savings derived from improved outcomes
 - Do the proposed regulations incorporate the following principles? If so, explain.
 - Expanded choice and options for individuals with disabilities
 - Consumer control
 - Increased capacity for individuals to be served in the community
 - Involvement of individuals with disabilities in policy-making and implementation
 - Involvement of individuals with disabilities in program evaluation
 - Equal access to programs and services, including physical access and access to information technology

~Section 3~

Section 3 contains the specific outcomes, strategies, and proposed performance measures developed thus far. Accompanying action steps for each strategy are in development with units of State government and will eventually form the unit plans. Driven by consumer input, performance measurement, concrete deliverables and timelines, this comprehensive plan will result in meaningful improvements in services for the disability community.

Each service domain includes a mission statement, vision and goal, followed by measurable outcomes and strategic recommendations. Strategies that are in the process of being initiated contain timelines and in some instances place-holders for performance measures in preparation for future monitoring and the establishment of meaningful outcome measures. In many instances, performance measures will be developed and ready for dissemination by January 20, 2005. Finally, strategies designed specifically to integrate and consolidate services will be included in MDOD's service integration initiative discussed in more detail in Section 5.

Outcomes and strategic recommendations are organized by service domains. The domains include:

- Maryland's Olmstead Plan
- Community Support Services
- Housing
- Transportation
- Employment
- Health and Behavioral Health
- Technology and Communities
- Education
- Family Support Services
- Emergency Preparedness

Maryland's Olmstead Plan* -----

Vision: People with disabilities will live in the mainstream of community receiving whatever supports are necessary and desired to prevent institutionalization.

Goal: To create an effective Olmstead Plan that will empower individuals with disabilities throughout Maryland to transition from institutional settings to community living.

- **Outcome 1:** People with disabilities will not be institutionalized unnecessarily.
 - **Strategy 1.1:** Personal Assessment – Phase in beginning July 1, 2005, prior to institutional placement, a personal assessment of each individual will be done to determine what resources are needed to support the individual in the community.
 - **Strategy 1.2:** No Pre-determination – Beginning July 1, 2005, implement a policy directive that the first assessment for placement is community rather than a more restrictive setting.
 - **Strategy 1.3:** Accountability – By July 1, 2006, require all admission reviews to include a plan for community support to be considered prior to authorizing an institutional placement. (On-going as this is already underway in some programs.)
 - **Strategy 1.4:** Identify alternative uses for utilizing state residential centers as they downsize to facilitate meeting the diverse needs of the surrounding communities, including the needs of individuals with disabilities throughout Maryland. (On-going as this is already underway in some programs.)
- **Outcome 2:** People with disabilities waiting for community services will be identified to enable long-range planning.
 - **Strategy 2.1:** Resource Map – By January 1, 2006, identify a resource map of all community-based services throughout the state.
 - **Strategy 2.2:** Grants – By January 1, 2006, provide grants to consumer advocacy groups to conduct peer to peer mentoring to identify persons with disabilities who express a desire to live in the community.

* Maryland's Olmstead Plan is being developed on a continuing basis. Work groups are now being formed, comprised of Commission members and citizens from the community, in order to adopt ideas that will enable us to refine our strategies and achieve our goals.

- **Strategy 2.3:** Service Coordination and Case Management – By July 1, 2005, designate transition coordinators to identify all individuals with disabilities who are residing in institutional facilities and charge them with developing a transition plan. (On-going as this is already underway in some programs.)
- **Outcome 3:** People with disabilities currently living in state residential centers, psychiatric hospitals and nursing homes will be informed of their right to live in the community.
 - **Strategy 3.1:** Notification – By January 1, 2006, provide written notification to all individuals with disabilities living in institutional facilities of their right to live in the community. (On-going as this is already underway in some programs.)
 - **Strategy 3.2:** Information – On a on-going basis, provide information in a variety of formats and opportunities for individuals with disabilities, and their representatives, to be active participants in order to make informed choices as to how their needs can best be met in community settings.
 - **Strategy 3.3:** Referrals – On an on-going basis, encourage referral programs to provide information to individuals with disabilities that will inform them of their right to live in the community.

Community Support Services -----

Vision: People with disabilities will have access to a wide range of options in choosing their own community supports as alternatives to institutional care settings.

Goal: To assure people with disabilities a wide range of choices in developing and implementing personal plans of care that allow flexibility, respond to consumer-defined issues, and, when desired, are consumer-directed.

- **Outcome 1:** People with disabilities who are institutionalized and express a desire to be supported in their own homes will have increased opportunities to do so.
 - **Strategy 1.1:** By July 1, 2006, assess individuals who reside in State operated facilities or private nursing facilities to determine their preferences for living in the community versus continued institutional placement.

Fiscal impact of strategy: Cost Neutral, this strategy would be carried out by existing State staff or contractors.
- **Outcome 2:** People with disabilities will report an increase in their quality of life based on quality indicators defined by them.
 - **Strategy 2.1:** By September 30, 2005, expand the use of peer mentoring and other consumer driven approaches to defining and measuring service quality and make recommendations for further use of consumer expertise in quality monitoring.

Fiscal impact of strategy: This strategy would be carried out by existing State staff or contractors. Expansion of services would have moderate cost or no cost if funded by redirection of existing funds used for quality measurement.
- **Outcome 3:** People with disabilities who express a desire to direct their own care will have an increased opportunity to do so.
 - **Strategy 3.1:** By July 1, 2006, (subject to federal approval) Maryland will undertake the implementation of a program of self-directed community supports in lieu of nursing facilities and other long term care settings, including those serving people with mental illness.

Fiscal impact of strategy: This strategy is fiscally complex. Implementation will be a major cost benefit in the long term. Terms of implementation are subject to federal approval.

- **Outcome 4:** People with disabilities will experience decreased utilization of involuntary or coercive forms of treatment such as seclusion, restraint, and unnecessary or excessive sedation.
 - **Strategy 4.1:** (Future Strategy) Establish a program of state of the art alternatives to the use of seclusion and restraint, including chemical restraint, in programs supporting people with disabilities.

Fiscal impact of strategy: To be determined.

Housing -----

Vision: People with disabilities will have a full array of housing options similar to their non-disabled peers.

Goal: To provide people with disabilities with affordable, accessible housing in their communities with linkages to appropriate support services.

- **Outcome 1:** People with disabilities will spend no more than 30 percent of their incomes on housing.

- **Strategy 1.1:** By July 1, 2005, establish a bridge subsidy program which will allow individuals to transition from institutions to their communities while awaiting other, more permanent housing supports (such as Section 8).

Fiscal impact of strategy: Implementation of this strategy could be cost neutral if DHCD were given increased flexibility to use existing funds to develop a bridge subsidy program. For example, RAP funds could be used for this program if additional flexibility were allowed in the use of these funds.

- **Strategy 1.2:** By July 1, 2005, include an option in any long-term care waiver submitted to CMS proposing that housing costs of eligible participants be covered under a capitated rate system.

Fiscal impact of strategy: Fiscal impact would not exceed projected costs for implementing a capitated system under a long-term care waiver if housing costs are initially part of the benefits package proposed to CMS.

Strategy 1.3: (Ongoing Strategy) Work in coordination with DHCD to implement the Governor's Commission on Housing recommendations that will benefit individuals with disabilities.

- **Outcome 2:** People with disabilities will be able to locate housing in communities of their choice.

- **Strategy 2.1:** By January 1, 2006, establish and maintain an up-to-date and comprehensive housing registry which connects individuals with disabilities with available, accessible and affordable housing.

Fiscal impact of strategy: The fiscal impact will either be cost neutral or capped at the diversion of funds identified in 2.2. This is true because developing and maintaining a housing registry will require the energy and focus of a single individual. Either DHCD can assign a current employee

to manage the project, or the staff resulting from 2.2 could be charged with this responsibility.

- **Strategy 2.2:** By July 1, 2005, reinstate MOU between DOA, DHMH, DHCD and DHR in order to hire a housing coordinator to be the single point of entry to: coordinate and collaborative efforts of the state agencies serving Medicaid consumers; increase capacity for affordable and accessible housing with long-term supports; and work with local governments to provide private builders with incentives for developing accessible and affordable housing within local communities.

Fiscal impact of strategy: MOU participants will need to each contribute approximately \$15,000 to achieve the intended outcome. The identified agencies entered into a similar MOU in the past and were able to do so without requesting new dollars.

Transportation -----

Vision: People with disabilities use an array of transportation options to access destinations enjoyed by their non-disabled peers.

Goal: To create reliable, cost-effective transportation enabling people with disabilities to access destinations of their choosing at the same rate as their non-disabled peers.

- **Outcome 1:** People with disabilities will have improved confidence in MDOT's Para-transit system.

- **Strategy 1.1:** By June 30, 2005, implement a policy of "nothing about me, without me" whereby consumers who use para-transit are routinely consulted regarding procedures and solutions to problems.

Fiscal impact of strategy: Minimal Cost

- **Strategy 1.2:** By June 30, 2005, evaluate the value of moving CACAT to MDOD.

Fiscal impact of strategy: Minimal Cost

- **Strategy 1.3:** By October 1, 2005, implement a consumer-developed evaluation for customer satisfaction surveys.

Fiscal impact of strategy: Minimal Cost

- **Strategy 1.4:** By December 31, 2004, report improved statistics on an on-going basis to monitor MDOT's goal of 95% on time trips.

Fiscal impact of strategy: Minimal Cost

- **Strategy 1.5:** By December 31, 2004, expand creative options such as the taxi-access program.

Fiscal impact of strategy: Minimal Cost

- **Outcome 2:** People with disabilities will use fixed route transportation in greater numbers.

- **Strategy 2.1:** By December 31, 2005, evaluate where Para-transit riders live and travel. Determine if changes to fixed routes could accommodate a percentage of riders with disabilities.

Fiscal impact of strategy: Minimal Cost

- **Strategy 2.2:** By December 31, 2005, incorporate uniform standards to assess Para-transit certification to be used by physicians to also include an assessment of whether or not travel training could allow an individual to ride fixed route.

Fiscal impact of strategy: Minimal Cost

- **Strategy 2.3:** By June 30, 2005, establish a time line by which 100% of MTA buses will be fully accessible (lift equipped, clever devices, e.g.) to enable a greater number of people to ride fixed route.

Fiscal impact of strategy: Cost Neutral

- **Outcome 3:** People with disabilities who rely on provider-run transportation to get to a human service program (DDA, MHA, DOA, etc.) will experience shorter trips due to consolidation of human services transportation funding.
 - **Strategy 3.1:** By July 1, 2006, develop regional plans to consolidate human services funding to transport people with disabilities from the same region of a jurisdiction in one shared vehicle rather than individually operated agency vehicles.

Fiscal impact of strategy: Savings

Employment and Training -----

Vision: Marylanders with disabilities have a variety of meaningful employment and training opportunities, the incentive to work, and choose and control the individualized services that support their diverse careers in integrated settings.

Goal: To ensure Marylanders with disabilities receive individualized supports and quality training resulting in employment opportunities offering competitive wages, benefits and the opportunity for meaningful interaction with the general public.

- **Outcome 1:** People with disabilities will experience an increase in quality employment outcomes.
 - **Strategy 1.1:** By July 2005, convene an Employment Services Transformation Steering Committee to establish uniform interagency definitions and to make recommendations for statewide systems change to achieve the goal and vision of the Disabilities State Plan.

Fiscal impact of strategy: To be determined.

- **Strategy 1.2:** By July 2006, establish cross agency policies and regulations that ensure individualized, quality employment services and outcomes for individuals with disabilities.

Fiscal Impact of Strategy: May require some costs related to computer programming changes. Technical assistance and administrative support for the Steering Committee is being provided through a US Department of Labor Customized Employment and System Change grant.

- **Strategy: 1.3:** By July 2006, increase incentives for and the ability of employers (both private and public) to hire qualified individuals with disabilities.

Fiscal impact of strategy: May be accomplished with existing resources, with some assistance for staffing from federal grants and funding for a public relations campaign.

- **Strategy 1.4:** By July 2007, increase the number of individuals receiving employment supports and training.

Fiscal impact of strategy: Requires new dollars but will result in long term cost savings through individuals with disabilities reduced dependency on benefits and an increase tax base.

- **Outcome 2:** People with disabilities will have access to a broad array of employment training options that are consumer-directed in communities where they live.
 - **Strategy 2.1:** By July 2006, shift the emphasis of providing employment training and rehabilitation in centralized, segregated settings to consumer-directed services delivered in community-based and integrated settings statewide.

Fiscal impact of strategy: If done strategically can be done with existing resources.
 - **Strategy 2.2:** By July 2005, expand availability and accuracy of information regarding employment training programs, expand availability of services where necessary, and public access to their performance data.

Fiscal impact of strategy: Can be completed with existing resources.
- **Outcome 3:** People with disabilities will have increased ability to independently locate, identify and pursue employment.
 - **Strategy 3.1:** By October 2005, all employment training programs will prepare individuals with disabilities to independently explore careers and job opportunities.

Fiscal impact of strategy: Can be completed with current state and federal resources.
 - **Strategy 3.2:** By July 2006, increase access to all One Stops Career Centers through technology and programmatic changes.

Fiscal impact of strategy: Can be done with federal resources.

Health and Behavioral Health -----

Vision: Maryland envisions a high quality and coordinated healthcare system for all its citizens, with and without disabilities, that offers easy and timely access to medical care and a variety of consumer choices within the full range of primary, specialty, acute and long-term health care services including behavioral health.

Goal: To assure that people with disabilities have access to a range of high quality and coordinated healthcare providers, including primary and specialty care physicians and other health care professionals and therapies to address their preventive, acute and chronic healthcare needs.

- **Outcome 1:** People with disabilities will express increased satisfaction with their healthcare delivered under Medicaid.
 - **Strategy 1.1:** By September 30, 2005, review current methodologies for determining satisfaction of people with disabilities with their healthcare services and revise as needed.

Fiscal impact of strategy: Cost Neutral

- **Outcome 2:** People with disabilities will have access to coordinated behavioral healthcare delivered under Medicaid.
 - **Strategy 2.1:** (Future Strategy) Establish baseline rates for publicly funded behavioral health services used by people with disabilities and develop capacity and resources for future system improvements.

Fiscal impact of strategy: To be determined

- **Outcome 3:** People with disabilities will have the information and supports necessary to engage in work without loss of health care benefits and to independently negotiate the healthcare system.
 - **Strategy 3.1:** By January 2006, implement a Medicaid “buy-in” program for a limited number of people with disabilities who, as a result of work, exceed the income limits for current Medicaid program eligibility.

Fiscal impact of strategy: \$4 million

- **Strategy 3.2:** (Future Strategy) Identify current State programs that seek to promote knowledge and information needed by consumers to make informed healthcare choices and make recommendation to consolidate and expand such programs if needed.

Fiscal impact of strategy: To be determined.

Technology and Communities -----

Vision: Maryland citizens with disabilities will enjoy services and jobs that are universally accessible.

Goal: To provide (a) state agency services and employment accessible to people with disabilities through the use of assistive technology and accessible information technology, and (b) statewide systems to make assistive technology purchases more available and affordable for individuals with disabilities.

- **Outcome 1:** People with disabilities will have independent and equal access to services and jobs funded through state agencies.
 - **Strategy 1.1:** By January 1, 2007, establish in conjunction with DBM, a continuing, non-lapsing fund, to provide assistive technology needed by any state employee as a reasonable accommodation to perform his/her job.

Fiscal impact of strategy: The appropriate amount of the fund cannot be determined without input from DBM, however, implementation of this should result in only a minimal cost to state agencies. Each agency would contribute a small portion to create the fund and would be charged an additional small co-pay each time they used the fund to purchase assistive technology for an employee. The fund would help to diminish barriers to hiring people with disabilities in the state by eliminating the need of the agency to determine whether or not they have the funding necessary to purchase assistive technology for a candidate with a disability. Some state agencies already commit a portion of their budgets for the purchase of assistive technology. MDOD would use existing resources to administer the fund.

- **Strategy 1.2:** By January 1, 2007, deliver training, monitoring and remediation strategies for state agency websites to guarantee they are accessibly designed to enable people with sensory, learning and/or physical disabilities to use them easily and effectively.

Fiscal impact of strategy: Implementation of this strategy would be budget neutral to the state. MDTAP, a federally funded program under MDOD, would administer the program. In addition, the website review process would have a very minimal budgetary impact for the individual state agencies (estimated at approximately \$1,000 per agency).

- **Strategy 1.3:** By January 1, 2006, enhance procurement standards to mandate that all information technology products purchased from that time forward are universally accessible to persons with disabilities and monitor to ensure compliance.

Fiscal impact of strategy: Implementation of this strategy is budget neutral to the state since it requires only the revision of state procurement regulations and utilization of existing staff.

- **Strategy 1.4:** By March 1, 2007, amend and enhance the Maryland Accessibility Code by creating a Maryland Universal Design Code to be applied to all new non residential construction funded with state funds.

Fiscal impact of strategy: Implementation of this strategy is budget neutral to the state since it requires only the enhancement of the Maryland Accessibility Code. The change in the code may eventually result in a minimal increase in construction costs if builders are required to comply with a Maryland Universal Design Code for all new publicly funded construction.

- **Strategy 1.5:** By October 2005, Cabinet Secretaries and heads of State Agencies will empower their ADA Coordinators to have a more active role in policy development and programming.

Fiscal impact of strategy: Cost Neutral

- **Outcome 2:** Marylanders with disabilities who need to purchase assistive technology or accessible information technology for education, employment, community participation and greater independence will be able to do so more easily and affordably.
 - **Strategy 2.1:** By December 1, 2005, increase funding for the Assistive Technology Guaranteed Loan Program by \$2.6 million (all through federal and private grants) to provide low-interest, guaranteed loans for assistive technology for people with disabilities and add a Tele-work and Self-Employment component to the program to provide loans for equipment needed by Marylanders with disabilities to telecommute or operate small businesses.

Fiscal impact of strategy: Implementation of this strategy is budget neutral to the state since it only involves securing additional private and federal funding in order to maintain the Assistive Technology Loan Program and add a Tele-work and Self-Employment component.

- **Strategy 2.2:** By July 1, 2006, expand the Maryland Assistive Technology Co-op (a non-profit purchasing cooperative that negotiates purchase discounts on a range of assistive technology products for educational organizations and individuals) by recruiting more educational and state agencies to become members and adding more items to the Co-op's product list.

Fiscal impact of strategy: Implementation of this strategy is budget neutral to the state since it only involves expanding the Maryland Assistive Technology Co-op by recruiting more educational and state agencies to become members.

Education* -----

Vision: Youth with disabilities will receive a free, high-quality public education in their neighborhood schools and emerge prepared and able to access employment or higher education.

Goal: To assure that all youth with disabilities have the necessary services and accommodations to succeed in their neighborhood schools and experience a smooth, successful transition to supported employment, job development, or institutions of higher education.

- **Outcome 1:** Students with disabilities will have an individualized transition plan at the age of 14.
 - **Strategy 1.1:** (Ongoing Strategy) DORS will identify a counselor for each high school who will participate in the development of individualized transition plans for students with disabilities.
- **Outcome 2:** Students with disabilities will be able to access a full array of job training opportunities through community colleges and other community based educational settings.

* Maryland's Education Domain is being developed on a continuing basis. Work groups are now being formed, comprised of Commission members and citizens from the community, in order to adopt ideas that will enable us to refine our strategies and achieve our goals.

Family Support Services -----

Vision: Maryland is a state where caregivers, children with disabilities and their families experience equal access to an integrated support system that is self-directed, responsive, flexible and available.

Goal: To improve the capacity of communities to support caregivers, children with disabilities and their families with individualized community-based services, such as inclusive child care, that are driven by family-defined needs.

- **Outcome 1:** Children with disabilities and their families identify an improvement in daily functioning and increased satisfaction with services.

- **Strategy 1.1:** By December 31, 2006, develop a comprehensive training infrastructure around inclusive childcare.

Fiscal impact of strategy: This strategy will be carried out by existing state staff or contractors. Modifications in credentialing and training will have moderate cost or no cost if funded by redirection of existing funds used for such programs.

- **Strategy 1.2:** By December 31, 2005, develop a statewide infrastructure to address ADA non-compliance with regards to child and after-school care, camps and summer programs.

Fiscal impact of strategy: Existing state staff or contractors will carry out this strategy. Statewide implementation of the mediation program would have moderate cost or no cost if funded by redirection of existing funds used for dispute resolution.

- **Strategy 1.3:** Develop a comprehensive resource map relating to child and after-school care, camps and summer programs.

Fiscal impact of strategy: This strategy will be carried out by existing state staff or contractors. Budget neutral.

- **Outcome 2:** Children with disabilities and their families will have a reduced number of contacts with the child welfare system.

- **Strategy 2.1:** By December 31, 2008, improve services provided by public and private health insurance to children with disabilities, transitioning youth and their families.

Fiscal impact of strategy: This strategy is fiscally complex. Implementation would be a major cost benefit in the long term but may involve increased initial expenditures.

- **Outcome 3:** Children with disabilities will have a reduced number of out-of-home placements and average length of stay in out-of-home care.

- **Strategy 3.1:** By October 1, 2005, Support and assist in the implementation of the Systems of Support and Care Reform initiated under the Sub-cabinet.

Fiscal impact of strategy: This strategy will be carried out by existing state staff or contractors. Future strategies regarding the full statewide implementation of the Systems of State and Care Reform would be a major cost benefit in the long term but may involve increased initial expenditures.

- **Outcome 4:** Caregivers of individuals with disabilities receive adequate community supports that enable them to continue care of the person with disabilities within the community.

- **Strategy 4.1:** By June 30, 2005, re-organize the Maryland Caregiver's Support Council's to shift from an information and coordination entity to pursue policy reform with regard to issues identified in their 2002 report to the Governor.

Fiscal Impact of Strategy: This strategy will be carried out by existing state staff or contractors. Budget neutral.

Emergency Preparedness -----

Vision: Marylanders with disabilities will be prepared for any natural or man-made disaster or emergency, and be able to take care of their own basic needs for a minimum of 72 hours without formal emergency management assistance. Emergency personnel, provider agencies and employers will be as well prepared to deal with all major issues related to individuals with disabilities during any natural or man-made disaster or emergency, as they are to deal with issues faced by individuals without disabilities.

Goal: To develop and implement a statewide plan to prepare people with disabilities for any natural or man-made disaster or emergency, and prepare emergency personnel, provider agencies and employers to provide equally excellent emergency services to Maryland residents with and without disabilities.

- **Outcome 1:** People with disabilities, as individuals, will be prepared to survive an emergency or general disaster, and to meet all basic needs while sheltering in place for a minimum of 72 hours.
 - **Strategy 1.1:** By July 1, 2005, have developed and implemented up to four regional committees and training forums demonstrating effective approaches to preparing individuals with disabilities for an emergency or disaster.

Fiscal impact of strategy: This strategy would be carried out by directing a modest amount of Homeland Security monies from MEMA to the Department of Disabilities via an MOU. Public relations activities should be cost neutral to MEMA.

- **Strategy 1.2:** By December 1, 2005, have developed a statewide emergency preparedness plan inclusive of people with disabilities and other special needs with input from all concerned stakeholders, and have collected supportive MOU's from needed state agencies.

Fiscal impact of strategy: This strategy would be carried out by directing a modest amount of Homeland Security monies from MEMA to the Department of Disabilities via an MOU. Public relations activities should be cost neutral to MEMA.

- **Strategy 1.3:** Establish a network of at least five hundred people, including individuals with disabilities and other special needs, and other individuals and organizations throughout Maryland, that are interested in emergency preparedness inclusive of people with disabilities and other special needs. All of the individuals in the network will have a means of keeping abreast of any information related to this subject by email or other means, and communicating with others if desired, through list-serve opportunities. Some individuals in the network will also be trained as

trainers to educate other individuals with disabilities and other special needs about emergency preparedness.

Fiscal impact of strategy: Funding for the network should be available from federal, state and other sources.

- **Outcome 2:** Provider agencies will provide services needed to enable individuals with disabilities to shelter in place during a disaster or emergency, and, as appropriate, help them to evacuate when necessary and be transported to designated shelters.

- **Strategy 2.1:** (Future Strategy) Develop and implement a plan to ensure that essential services to the customers of provider agencies continue during a disaster or emergency both when sheltering in place or in a shelter.

Fiscal impact of strategy: This strategy would be carried out by existing state staff or contractors.

- **Outcome 3:** Employers will provide resources and training to employees with or without disabilities concerning sheltering in place, evacuating, and transportation to a safe location.

- **Strategy 3.1:** By July, 2005, have met with DGS and representatives from other state-leased buildings and have developed a consistent sheltering in place, evacuation and transportation plan and training program for employees and visitors for all state-owned and leased buildings.

Fiscal impact of strategy: This strategy would involve minimal additional funding for specific evacuation equipment, sheltering-in-place supplies or transportation arrangements as stipulated by the plans.

~SECTION 4~

This section describes how MDOD will work with units of state government to implement and evaluate performance in relation to the State Plan.

- Implementation and Performance Evaluation
- Development of Unit Plans
- Unit Evaluations
- Annual State Progress Analysis

Implementation and Performance Evaluation

Performance measurement begins with the visions, goals, outcomes and strategies for each of ten service domains as presented in Section Three. These elements will serve as the basis for developing unit plans in alignment with the State Plan; evaluating unit performance against unit plans; and preparing the Annual State Progress Analysis.

Legislative Authority (SB 188, Section 9-1115) The Interagency Disabilities Board is charged with:

- Facilitating the development of performance objectives that will result in a comprehensive, effective, efficient, and integrated service delivery system for individuals with disabilities; and
- Developing the state disabilities plan.

Timeline

FY 2005

| | |
|--------------------------|------------------|
| State Plan | October 1, 2004 |
| Unit Plans | January 20, 2005 |
| Unit Evaluations | July 1, 2005 |
| Annual Progress Analysis | October 1, 2005 |

Future

| | |
|--------------------------|-------------|
| Unit Plans | Mid- August |
| State Plan | October 1 |
| Unit Evaluations | July 1 |
| Annual Progress Analysis | October 1 |

Development of Unit Plans January – June, 2005

Legislative Authority (SB 188, Section 9-1108)

- By July 1 of each year, each unit of state government shall develop a unit plan to implement the state disabilities plan as approved or amended by the Secretary under § 9-1117 of this subtitle.
- The unit plan shall contain an implementation schedule and measurable strategic performance objectives.
- The Secretary may request amendments to a unit plan if determined that the unit plan is not in accordance with the state disabilities plan.
- The Secretary may provide technical assistance to any unit of state government to meet the requirements of this section.
- The Secretary may waive the requirements of this section for any unit of state government.

Collaboration Efforts

MDOD is working in collaboration with units of state government to develop action plans needed to carry out the key strategies and to identify performance measures for the articulated outcomes. It is intended that MDOD will serve as a resource and facilitator among various stakeholders, providing technical assistance that units may need to fulfill their planning and evaluation requirements.

Implementation Schedules

In collaboration with units of state government, MDOD will develop action plans to support priority strategies. When implementation of a strategy requires an inter-agency effort, MDOD will work with relevant units of state government to develop an integrated action plan. Action plans will identify:

- Major steps to support the strategy with deliverables
- Responsibility of units of state government
- Timelines
- Resources needed (optional)
- Other comments (optional)

Measurable Strategic Performance Objectives

Collaborating with units of state government, MDOD will identify or develop indicators to measure results for the State Plan's outcomes. To establish appropriate performance measures², MDOD will:

² While the Department's aim is to establish uniform performance indicators for each outcome in the State Plan, in some instances this may require longer term developmental effort across agencies. In the interim

- examine best practices in other states successfully using specific indicators;
- identify and review indicators currently used or available to units of state government;
- assess potential measures in terms of validity and reliability, appropriateness to Maryland, feasibility of managing administrative burden, information technology and other resources needed, and fit to the timeliness of mandated reporting requirements;
- select performance measures for outcomes based on the above analysis;
- specify data definition and control procedure standards for these measures.

Collaborating with units of state government, MDOD will establish timeframes for:

- Collecting baseline data for these measures (balance of FY 2005);
- Setting objectives (beginning by FY 2006 and presented in October 2005 and subsequent State Plans); and
- Collection of actual data (beginning by FY 2006).

MDOD also will work collaboratively with units of state government to identify methods to measure consumer satisfaction, gaps in service, and individuals waiting for services as required for unit evaluations [SB 188, Section 9-1108].

and at the minimum, absent uniform indicators for an outcome, *comparable* indicators will be specified for each participating unit.

Unit Evaluations

Legislative Authority (SB 188, Section 9-1108):

- By July 1 of each year, each unit of state government shall provide the department with an evaluation of the unit's performance in accordance with the unit's plan.

The required unit evaluation shall: (1) assess the unit's performance against the strategic performance objectives established under the unit plan , and (2) identify and measure consumer satisfaction, gaps in services, numbers of individuals waiting for services, and progress made on achieving performance objectives.

Implementation Evaluation

MDOD will work with units of state government to assess progress in implementing priority strategies in the State Plan. Status reports will assess the status of each major action step – completed, in progress or not started. Status reports also will include related factors such as: issues, barriers or problems encountered in implementing strategies; recommendations to overcome issues, barriers, or problems; and resources required, etc.

Outcome Evaluation

- Units of state government will report baseline FY 2005 actual data available for performance measures pertaining to outcomes in the State Plan.
- Measurable Strategic Performance Objectives will be set by the beginning of FY 2006 and presented in the October 2005 and subsequent State Plans.
- Performance will be measured against these objectives by the July 1, 2006 Unit Evaluation and in subsequent years' unit evaluations.
- Units of state government will also report data measuring consumer satisfaction, gaps in service, and individuals waiting for services.

Annual State Progress Analysis

Legislative Authority (SB 188: Section 9-1117)

The Secretary shall submit an annual analysis of the State's progress in implementing the State Disabilities Plan and related performance objectives to the Governor and, in accordance with § 2-1246 of this article, to the Maryland General Assembly on or before October 1 of each year.

State Implementation Evaluation

- MDOD will update and collate information from the July strategic progress assessments.
- MDOD will use this information to prepare a comprehensive analysis of progress in implementing the State Plan.
- MDOD will report intervention taken to address issues identified in the July progress assessments and will modify the State Plan to reflect planned future interventions.

Outcome Evaluation

- MDOD will report available FY 2005 baseline performance data for State Plan outcomes in the October 2006 Annual State Progress Evaluation.
- Measurable Strategic Performance Objectives will be set for FY 2006 in the October, 2005 State Plan.
- Performance will be reported against these objectives in the October 2006 Annual State Progress Evaluation.
- MDOD also will report available data measuring consumer satisfaction, gaps in service, and individuals waiting for services.

Appendix 1

Developing a Resource Map for Disability Services in Maryland

Project Objective:

To develop a comprehensive resource map of disability services and funding within Maryland State Government in order to improve, consolidate, unify and coordinate disability services and funding

Background:

Maryland's services for people with disabilities are delivered through a complex, confusing and fragmented system. This is no surprise since most programs were developed in "silos"—each having different rules, funding mechanisms, goals, performance measures and administrative processes. At present, approximately \$2.6 billion (11.25 percent of the total state budget) funds a variety of services, which are administered by nearly 60 different state agencies. This chaotic approach to providing needed and comprehensive services results not only in fragmentation, but also in program duplication, needless administrative costs, contradictory policies and funding decisions. Ultimately, it results in inadequate services for the end-user.

To address these challenges, Governor Robert L. Ehrlich, Jr. introduced legislation to elevate the previous Office for Individuals with Disabilities (OID) to a cabinet-level department. The Maryland Department of Disabilities (MDOD) will be vested with the authority to oversee, to consolidate, to improve, to unify, to coordinate and to evaluate disability services and funding across all units of state government. To carry out this charge, the Department will require accurate information on the types of services currently offered, existing methods of evaluating services, relevant fiscal data, and other information requisite to develop a comprehensive map of the service delivery system.

To this end, the Maryland Department of Disabilities intends to develop a comprehensive resource map which identifies disability services, policies and assets within state government that can be used to build a better system, as well as identify those services that are duplicative, absent or under-performing. We do not intend to simply create a list or directory of services, but to create a meaningful tool that will serve as a catalyst and foundation for future planning, program consolidation and performance-based management of services.

Benefits of resource mapping:

The resource map will serve as an important tool as the Maryland Department of Disabilities develops its strategic State Plan for improving the delivery of disability services and identifying funding priorities.

The resource map will help the Department:

- Determine if existing resources are meeting the expected needs of people with disabilities
- Identify under-utilized resources
- Consolidate duplicative programming
- Streamline intake and assessment processes
- Coordinate multi-service needs
- Align resources and policies with desired outcomes and principles that empower the end-user
- Infuse the system with performance-based outcomes
- Ensure that consumers are actively involved in decision-making processes

Scope of work:

The Maryland Department of Disabilities is charged with oversight and improvement of services and funding for people with disabilities. This includes, but is not limited to, the following:

- Personal attendant care and other long-term services
- Affordable and accessible housing options
- Transportation services
- Employment and training services
- Health and mental health services
- Accessible technologies
- Support services for children, youth and their families, including respite care
- Educational opportunities and supports

Phases:

The resource-mapping project will occur in three increasingly focused phases — program assessment, process assessment and policy assessment. Completion of Phase I will help to focus and to direct the work of Phase II, and the results of Phase II will likewise impact Phase III. Evaluating services and funding through this three-phased process will help to identify areas that require reform in terms of priority and need. Each phased assessment will focus on specific and core objectives designed to capture thematic data and information. An explanation of each phase and their associated goals follows.

Phase I: Program assessment

Desired outcome:

Phase I will provide the Department with baseline data and comprehensive information on the design of the current delivery system. This preliminary information will expose program duplication, indicate service gaps, highlight needs for specific services and delineate funding patterns — information needed to make informed and systemic budgetary decisions.

Objectives:

- Identify all disability-specific services within Maryland state government
- Categorize services within core service domains such as housing, transportation, employment, etc.
- Identify funding attached to services
- Determine, when possible, how program funds are categorically spent (i.e., administrative, direct services, assessments)
- Identify numbers of people served by specific programs, numbers of individuals waiting for services when such data exists, and under-utilized funds

Phase II: Process assessment

Desired outcome:

Information gathered in Phase II will help the Department to streamline processes, improve workflow and simplify the system for the end-user. In addition, the assessment also will reveal the quality and consistency of data collection processes across the system, which can drive or discourage informed decision-making.

Objectives:

- Identify the intake processes for disability services, including descriptions of application processes and assessment requirements
- Identify exit practices, i.e. how long consumers use specific services and barriers that discourage consumers from exiting the program
- Ascertain how and if consumers are connected to other services once deemed eligible for a service
- Identify data collection practices and deficiencies

Phase III: Policy assessment

Desired Outcome:

In Phase III, the Department will evaluate policies and practices as well as the quality or existence of performance-based, consumer-driven outcomes. From this assessment, the Department will be better equipped to develop crosscutting policy solutions and align service delivery with principles that empower the consumer.

Objectives:

- Identify stated outcomes for programs and methods for assessing achievement of these outcomes
- Review and gather consumer input on the quality of specific services

Appendix 2

STATE PLAN SCORE SHEET

Mission and Consumer Perspective

Critical Success Factors:

Service Domains

Does the recommendation impact one or more of the following service domains?

- Personal attendant care and other long-term services (Community Supports)
- Accessible, integrated and affordable and housing options (Housing)
- Reliable transportation services (Transportation)
- Employment and training services (Training & Employment)
- Health and mental health services (Health)
- Accessible and universally-designed technology and communities (Technology & Communities)
- Educational support services for children, youth and their families and adults (Educational Support)
- Family Support Services, including respite care (Family Support Services)
- Emergency Preparedness

Disability

Does the recommendation affect one or more of the following disability categories?

- Cognitive Disability
- Neurological or Neuromuscular Disability
- Psychiatric Disability
- Blindness
- Deaf or Hard of Hearing
- Physical Disability
- Combination of Disabilities

Principles of Empowerment (Focus Area 3)

Does the recommendation incorporate the following principles?

- Expanded choice and options for consumers
- Consumer control
- Increased community capacity
- High expectations
- Involvement of consumers in policy-making implementation
- Involvement of consumers in program evaluation

- Information flow

Olmstead Compliance (Focus Area 5)

Does the recommendation incorporate one or more of the following measures to help gain full compliance with the Olmstead decision?

- Designing innovative means by which individuals with disabilities can access services in their communities rather than in institutions or nursing homes
- Identifying those in need of community-based services
- Aligning the funding of services with community-based alternatives
- Expanding the quality and quantity of community providers
- Educating consumers on their community options
- Reviewing policies, regulations and practices to ensure they support community options
- Collaborating with all stakeholders to create appropriate and integrated alternatives for persons with disabilities

Organizational Performance Perspective

Critical Success Factors:

Capacity Development (Focus Area 4)

Will the recommendation result in one or more of the following outcomes?

- Identifying gaps in service delivery, numbers of individuals needing services, projected costs and other quantifiable factors
- Creating realistic solutions that consider interagency resources and needs
- Improving capacity to meet needs in specific service domains that warrant expansion and/or retooling

Financial Resources

Will the recommendation result in one or more of the following outcomes, and what fiscal impact will the recommendation have?

- Leveraging of additional resources including federal and/or private funds
- Reduced administrative expenditures
- Reduced operational expenditures
- Savings derived from improved outcomes
- Relevant methods of tracking expenditures

Program Evaluation and Accountability (Focus Area 1)

Does the recommendation address the following accountability standards?

- Current baseline data
- Measurable and consumer-based outcomes

- Performance measures and indicators
- Data tracking system and identification of relevant data sets
- Strategies to ascertain consumer satisfaction

Processes and Structures

Critical Success Factors:

Program and Work Flow Improvements (Focus Area 2)

Will the recommendation facilitate one or more of the following outcomes?

- Program consolidation
- Process consolidation
- Enhanced coordination
- Consolidation of personnel functions
- Elimination of a service gap
- Increased connection to other services
- Reduction in paperwork (when appropriate)
- Reduction in process burden (when appropriate)

Vehicles for Change

What structures need to change in order for the recommendation to be implemented?

- Statute
- Regulations
- Policies
- Practices
- Organizational Culture

Appendix 3

Maryland Department of Disabilities Principal Units of State Government Partnering in Implementing State Disabilities Plan

MDOD's enabling statute defines a unit of state government as: any department, agency, office, commission, council, or other unit of the State within the Executive Branch of state government (§ 9-1101(g)). The following list delineates principal departments and administrations that MDOD will collaborate with in implementing the State Disabilities Plan, and that may be required to submit a unit plan by Jan. 20, 2005 and an evaluation of their performance by July 1, 2005 (Section 4 contains a more detailed timeline for unit plan development and submission dates).

Units:

Executive Department

- Governor's Office of Homeland Security
- Maryland Technology Development Corporation (TEDCO)
- Office of the Deaf and Hard of Hearing (ODHH)
- Office for Children, Youth and Families (OCYF)
- Office of Service and Volunteerism (GOSV)
- Governor's Office of Crime Control and Prevention (GOCCP)

Maryland Department of Aging (MDOA)

Military Department

- Maryland Emergency Management Agency

Department of Veterans Affairs

Department of Budget and Management

Department of General Services (DGS)

- Office of Procurement and Logistics

Department of Transportation (MDOT)

- Maryland Transit Administration (MTA)

Department of Health and Mental Hygiene (DHMH)

- Office of Health Care Quality (OHCQ)

- State Board of Nursing

- Family Health Administration (FHA)

- Alcohol and Drug Abuse Administration (ADAA)

- Mental Hygiene Administration (MHA)

- Developmental Disabilities Administrations (DDA)

- Medical Care Programs Administration (MCPA)

Department of Human Resources (DHR)

- Community Services Administration (CSA)

- Child Care Administration (CCA)

Department of Labor, Licensing, and Regulations (DLLR)

- Governor's Workforce Investment Board (GWIB)

- Division of Workforce Development

Office of Employment Services
Office of Employment Training
Maryland State Department of Education (MSDE)
Division of Special Education and Early Intervention Services
Division of Rehabilitation Services (DORS)
Maryland Higher Education Commission (MHEC)
Maryland School for the Deaf
University System of Maryland
Department of Housing and Community Development (DHCD)
Department of Business and Economic Development (DBED)
Department of Juvenile Services (DJS)

Appendix 4

Proposed New Regulations by State Agencies

The process by which a State of Maryland agency may propose new regulations, or amend existing ones, has generally required that an impact statement be produced if the proposed action has an effect on the welfare of the public. An Impact Statement is an estimate of the anticipated beneficial or adverse effects to the health, safety, welfare, economic costs, and the environment of the State and its citizens.

Now, under § 9-1104 (c)(2), Annotated Code of Maryland, July 1, 2004, creating the Maryland Department of Disabilities, agencies are required to produce an assessment and impact statement if the proposed regulations affect individuals with disabilities. The Division of State Documents will publish the impact statement with each proposal in the Maryland Register. As part of the form package, the Division of Documents will present the state agencies with options which answer the following questions:

Impact on Individuals with Disabilities

- The proposed action has no impact on individuals with disabilities.
- The proposed action has an impact on individuals with disabilities.

Whichever option is checked will be printed in the Maryland Register.

Appendix 5

Maryland Commission on Disabilities

Membership

Basehart, Sarah - *term expires June 30, 2006*

Benson, Joanne – Delegate, Maryland House of Delegates

Brathwaite, Janice - *term expires June 30, 2005*

Britt, Gwendolyn – Senator, Maryland Senate

Bynum, Edward J. - *term expires June 30, 2005*

Capone, Kenneth S. - *term expires June 30, 2005*

George, Jamey E. - *term expires June 30, 2006*

Holland, Susan W. - *term expires June 30, 2007*

Krout, Robin A. - *term expires June 30, 2006*

Mitchell, Van - Deputy Secretary, MD Department of Health and Mental Hygiene

Nicole, Marc - MD Department of Budget and Management

Otto, Dale - *term expires June 30, 2006*

Riccobono, Melissa - *term expires June 30, 2007*

Rizzo, Juliette - *term expires June 30, 2006*

Rock, Mary Alisa - *term expires June 30, 2007*

Schulz, Mark J. - *term expires June 30, 2005*

Sweeney, Robert J. - *term expires June 30, 2007*

Ward, C. David - *term expires June 30, 2006* (Chair, appointed by Governor)

Weglein, Elizabeth - *term expires June 30, 2007*

Wireman, Kenneth R. - *term expires June 30, 2005*

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